04/08/2007 12:28

Image# 27930472844

#### **FEC** FORM 3X

#### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Use Only

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	Example:If typing, type over the lines	
L	New TrierDemocratic Org-Fe	ed		
AD	DRESS (number and street)	800 Oak		
	Check if different than previously reported. (ACC)	Winnetka		IL 60093 -
2.	FEC IDENTIFICATION NUM	IBER ₩ C	ITY 🛋	STATE A ZIPCODE A
	C00422519	3.	IS THIS REPORT X NEW (N) OR	AMENDED (A)
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15	Due On: M	eb 20 (M2) May 20 (M5) ar 20 (M3) Jun 20 (M6) or 20 (M4) Jul 20 (M7)	Year Only)
	Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Yunion))	(c) 12-Day PRE-Election Report for the:	Primary (12P)  Convention (12C)  tion on	General (12G)  Special (12G)  in the State of
	July 31 Mid-Year Report(Non-electio Year Only) (MY)  Termination Report (TER)	Post -Election Report for the:	General (30G)	Runoff (30R) Special (30S) in the State of
5.	Covering Period 0	01 2007	through 0.3	31 2007
	ertify that I have examined this lose or Print Name of Treasurer	Report and to the best of my k Marvin Miller	nowledge and belief it is true, correc	and complete.
Sig	nature of Treasurer Ele <u>ctro</u>	nically Filed by Marvin Mille		Date 0 4 0 8 2 0 0 7 his Report to the penalties of 2 U.S.C 437g.
	Office Use Only			FEC FORM 3X (Rev. 02/2003)

#### Image# 27930472845

FEC Form 3X (Rev. 02/2003)

#### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name New TrierDemocratic Org-Fed <sup>®</sup> D " D 0 1 2007 0 1 2007 0.3 3 1 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2007 29264.40 January 1 (b) Cash on Hand at 29264.40 Begining of Reporting Period ..... 60.00 60.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 29324.40 29324.40 6(a) and 6(c) for Column B) ..... 8511.48 8511.48 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 20812.92 20812.92 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name New TrierDemocratic Org-Fed

Report Covering the Period:

м м 0 1

From:

01

<sup>Y</sup> 2 0 0 7

To:

M M 0 3

<sup>D</sup> 3 1

 $\overset{\mathsf{Y}}{2} \overset{\mathsf{Y}}{0} \overset{\mathsf{Y}}{0} \overset{\mathsf{Y}}{7}$ 

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	60.00	60.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	60.00	60.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	60.00	60.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
ъ.	Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	60.00	60.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	60.00	60.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal	-	
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party		
3	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
4.	and Other Political Committees  Independent Expenditure	0.00	0.00
	(use Schedule E)	8511.48	8511.48
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	(use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
20	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8511.48	8511.48
2	Total Fodoral Dishurcamenta		
2.	Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	8511.48	8511.48

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	60.00	60.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
S5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60.00	60.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

ITEMIZED INDEPENDENT EX	PENDITURE	:S		PAGE 6/24
NAME OF COMMITTEE (In Full)			1-	FOR LINE 24 OF FORM 3X
New TrierDemocratic Org-Fed			l r	C C00422519
Check if 24-hour notice 48-	hour notice			000422310
Full Name (Last, First, Middle, Initial) of Pa			Date	
AT&T	you			17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
Bill Payment Center				153.83
City	State	Zip Code	Transaction	ID: SE24.5305
Saginaw	MI	48663-0003	Office Sought:	House State:
Purpose of Expenditure		Category/ Type		Senate District: Presidential
Name of Federal Candidate supported or C	pposed by expendit		Check One:	X Support Oppose
			Disbursement I	For: Primary General
				(specify):
Calendar Year-To-Date Per Election		3000.54		(openity):
for Office Sought				
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
AT&T			M M /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
Bill Payment Center				150.08
City	State	Zip Code	Transaction	ID: SE24.5319
Saginaw	MI	48663-0003	Office Sought:	House State:
Purpose of Expenditure		Category/		Senate District: Presidential
		Туре		1 residential
Name of Federal Candidate supported or C	Opposed by expendit	ure:	Check One:	X Support Oppose
			Disbursement I	For: Primary General
			Other	(specify) :
Calendar Year-To-Date Per Election for Office Sought		4771.67		(4)
(a) SUBTOTAL of Itemized Independent Exp	enditures			303.91
(b) SUBTOTAL of Unitemized Independent Expenditures				168.75
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consult or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is no committee) any political party committee or its agent.				
		Date 0 4		0 0 7
Signature		_		

ITEMIZED INDEPENDENT EX	PENDITURE	S		PAGE 7/24 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
New TrierDemocratic Org-Fed				C C00422519
Check if 24-hour notice 48-	hour notice			<b>C</b> 000422313
Full Name (Last, First, Middle, Initial) of Pa			Date	
AT&T	you		M M /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
Bill Payment Center				160.28
City	State	Zip Code		n ID: SE24.5349
Saginaw	MI	48663-0003	Office Sought	t: House State:
Purpose of Expenditure		Category/ Type		Senate District: Presidential
Name of Federal Candidate supported or 0	nnosed by expendit	ıre:	Check One:	X Support Oppose
Calendar Year-To-Date Per Election	, ppssed sy superior.	7693.98	Disbursement For: Primary General Other (specify) :	
for Office Sought				
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
Chase Credit Card Services			0 1	17 2007
Mailing Address POB 15298			Amount	35.85
City	State	Zip Code	Transaction	n ID: SE24.5307
Wilmington	DE	19850-5298	Office Sought	t: House State:
Purpose of Expenditure		Category/ Type		Senate District: Presidential
Name of Federal Candidate supported or 0	Innoced by expendity	Iro:	Check One:	χ Support Oppose
Name of Federal Candidate supported of C	эрроѕеа ву ехрепан	ure.		Х 11
			Disbursemen	t For: Primary General
Calendar Year-To-Date Per Election for Office Sought		3076.39	Othe	er (specify) :
(a) SUBTOTAL of Itemized Independent Exp	enditures			196.13
(b) SUBTOTAL of Unitemized Independent E	Expenditures			168.75
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	or authorized committee			
Signature		Date 0 4		Y Y Y Y Y 2 0 0 7

TEMIZED INDEPENDENT EXPENDITURES	PAGE 8/24
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
Name OF Committee (III Full)  New TrierDemocratic Org-Fed	FEC IDENTIFICATION NUMBER  C C00422519
Check if 24-hour notice 48-hour notice	C C00422519
Full Name (Last, First, Middle, Initial) of Payee	Date
Chase Credit Card Services	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
POB 15298	31.70
City State Zip Code	Transaction ID: SE24.5320
Wilmington DE 19850-5298	Office Sought: House State:
Purpose of Expenditure  Category/ Type	Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary General Other (specify):
Calendar Year-To-Date Per Election 4803.37	· · · · · ·
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
Chase Credit Card Services	$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 4 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
Mailing Address POB 15298	Amount 35.85
	Transaction ID: SE24.5342
City State Zip Code Wilmington DE 19850-5298	Office Sought: House State:
Purpose of Expenditure	Senate District:
Category/	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary General
	Other (specify) :
Calendar Year-To-Date Per Election 7198.56 for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	67.55
(b) SUBTOTAL of Unitemized Independent Expenditures	168.75
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
Date 0 4	D D Y Y Y Y Y O D D D D D D D D D D D D
Signature Date 0.4	08 2007

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 9/24			
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X			
New TrierDemocratic Org-Fed	FEC IDENTIFICATION NUMBER			
Check if 24-hour notice 48-hour notice	C C00422519			
Full Name (Last, First, Middle, Initial) of Payee	Date			
cook Cty Cook Cty Recorder of Deeds	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address	Amount			
118 N Clark;#230	100.00			
City State Zip Code	Transaction ID: SE24.5317			
City State Zip Code Chicago IL 60602	Office Sought: House State:			
Purpose of Expenditure  Category/ Type	Senate District: Presidential			
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose			
	Disbursement For: Primary General Other (specify) :			
Calendar Year-To-Date Per Election 4621.59	Carlor (opcorry) .			
for Office Sought				
Full Name (Last, First, Middle, Initial) of Payee	Date			
Copy Room	01 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 815 Dempster	Amount 330.00			
City State Zip Code	Transaction ID: SE24.5294			
Evanston IL 60201	Office Sought: House State:			
Purpose of Expenditure  Category/ Type	Senate District: Presidential			
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose			
	Disbursement For: Primary General			
	Other (specify) :			
Calendar Year-To-Date Per Election 498.75 for Office Sought	· · · · · · · · · · · · · · · · · · ·			
(a) SUBTOTAL of Itemized Independent Expenditures	430.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	168.75			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Date 0 4 Signature	0 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

TEMIZED INDEPENDENT EXPENDITURES	PAGE 10 / 24 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
New TrierDemocratic Org-Fed	FEC IDENTIFICATION NUMBER  C C00422519
Check if 24-hour notice 48-hour notice	<b>G</b> 300 1220 10
Full Name (Last, First, Middle, Initial) of Payee	Date
Duographix,Inc	M M / D D / Y Y Y Y Y Y 17 17 2007
Mailing Address	Amount
1803 Wabansia-B	40.00
City State Zip Code	Transaction ID: SE24.5306
Chicago IL 60622	Office Sought: House State:
Purpose of Expenditure  Category/ Type	Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought 3040.54	
Full Name (Last, First, Middle, Initial) of Payee	Date
Duographix,Inc	$\begin{bmatrix} M & M \\ O & Z \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 8 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
Mailing Address	Amount
1803 Wabansia-B	146.25
City State Zip Code	Transaction ID: SE24.5321
Chicago IL 60622	Office Sought: House State:
Purpose of Expenditure  Category/ Type	Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary General
	Other (specify):
Calendar Year-To-Date Per Election 4949.62 for Office Sought	Cities (opeony) .
(a) SUBTOTAL of Itemized Independent Expenditures	186.25
(b) SUBTOTAL of Unitemized Independent Expenditures	168.75
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in correct the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
Date 0 4	0 8 Y Y Y Y Y Y 2 0 0 7
Signature	

ITEMIZED INDEPENDENT EXPE	INDITURES	PAGE 11 / 24 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER		
New TrierDemocratic Org-Fed		C C00422519		
Check if 24-hour notice 48-hour	notice			
Full Name (Last, First, Middle, Initial) of Payee		Date		
Duographix,Inc		$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} / \begin{bmatrix} D & D \\ O & 5 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$		
Mailing Address		Amount		
1803 Wabansia-B		63.75		
City	State Zip Code	Transaction ID: SE24.5330		
Chicago	IL 60622	Office Sought: House State:		
Purpose of Expenditure	Category/ Type	Senate District: Presidential		
Name of Federal Candidate supported or Oppo	sed by expenditure:	Check One: X Support Oppose		
		Disbursement For: Primary General		
		Other (specify) :		
Calendar Year-To-Date Per Election	6187.37	(Spoon), 1		
for Office Sought				
Full Name (Last, First, Middle, Initial) of Payee		Date		
Evanston Bond & Mortgage		$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 2 & / & 0 & 1 & / & 2 & 0 & 0 & 7 \end{bmatrix}$		
Mailing Address		Amount		
1732 Orington		1125.00		
		Transaction ID: SE24.5316		
City Evanston	State Zip Code IL 60201	Office Sought: House State:		
Purpose of Expenditure		Senate District:		
Tarpood of Exportantal	Category/ Type	Presidential		
Name of Federal Candidate supported or Oppo	sed by expenditure:	Check One: X Support Oppose		
		Disbursement For: Primary General		
Calendar Year-To-Date Per Election	4521.59	Other (specify) :		
for Office Sought				
(a) SUBTOTAL of Itemized Independent Expendit	ures	1188.75		
		168.75		
(b) SUBTOTAL of Unitemized Independent Exper	nditures	108.75		
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Date 04	08 2007		
Signature				

TEMIZED INDEPENDENT EXPENDITURES	PAGE 12 / 24 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
New TrierDemocratic Org-Fed	FEC IDENTIFICATION NUMBER  C C00422519
Check if 24-hour notice 48-hour notice	C C00422519
Full Name (Last, First, Middle, Initial) of Payee	Date
Evanston Bond & Mortgage	$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} / \begin{bmatrix} D & D \\ O & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
Mailing Address	Amount
1732 Orington	1125.00
City State Zip Code	Transaction ID: SE24.5327
Evanston IL 60201	Office Sought: House State:
Purpose of Expenditure  Category/ Type	Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary General Other (specify) :
F. H.N. and H. and Filmt Affello 1535 No. C. Danes	Dut
Full Name (Last, First, Middle, Initial) of Payee	Date M M / D D / Y Y Y Y
Friends Friends of Sue Walton	$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} / \begin{bmatrix} D & D \\ O & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
Mailing Address 1310 N.W. Hwy	Amount 200.00
City State Zip Code	Transaction ID: SE24.5332
74111gtoff 11to	Office Sought: House State: Senate District:
Purpose of Expenditure  Category/ Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	ви и Па и
	Disbursement For: Primary General
Calendar Year-To-Date Per Election 6387.37 for Office Sought	Other (specify) :
(a) SUBTOTAL of Itemized Independent Expenditures	1325.00
(b) SUBTOTAL of Unitemized Independent Expenditures	168.75
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
Date 0 4	0 8 2 0 0 7
Signature	

ITEMIZED INDEPENDENT EXPE	INDITURES		PAGE 13 / 24 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	
New TrierDemocratic Org-Fed			C C00422519	
Check if 24-hour notice 48-hou	notice			
Full Name (Last, First, Middle, Initial) of Payee			Date	
Glencoe Chamber of Commerce			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 6 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$	
Mailing Address			Amount	
POB 575			150.00	
City	State Zip C	Code	Transaction ID: SE24.5355	
Glencoe	IL 600		Office Sought: House State:	
Purpose of Expenditure	Category/ Type		Senate District: Presidential	
Name of Federal Candidate supported or Oppo	sed by expenditure:		Check One: X Support Oppose	
Calendar Year-To-Date Per Election		C1 40	Disbursement For: Primary General Other (specify):	
for Office Sought	03	61.48		
Full Name (Last, First, Middle, Initial) of Payee			Date	
Hinckley & Schmidt			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 3 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $	
Mailing Address			Amount	
4170 Tanner Creek Dr			47.21	
City	State Zip C	Code	Transaction ID: SE24.5304	
Flowery Branch	GA 305	42	Office Sought: House State: Senate District:	
Purpose of Expenditure	Category/ Type		Senate District: Presidential	
Name of Federal Candidate supported or Oppo	sed by expenditure:		Check One: X Support Oppose	
rano di rodora Gandidate Supportos di Oppe	ood by oxponditure.		Disbursement For: Primary General	
			Other (specify) :	
Calendar Year-To-Date Per Election for Office Sought	28	46.71	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expendi	tures		197.21	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		168.75	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent or at the request or suggestion of, any candidate or au committee) any political party committee or its agent.				
	r	Date 0 4	0 8 2 0 0 7	
Signature		Date 0.4	08 2007	

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 14 / 24 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
New TrierDemocratic Org-Fed	FEC IDENTIFICATION NUMBER  C C00422519
Check if 24-hour notice 48-hour notice	0 300,123,10
Full Name (Last, First, Middle, Initial) of Payee	Date
IDES III Dept Employment Security	$ \begin{bmatrix} M & M \\ O & 1 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
Mailing Address	Amount
1300 So. 9Th St	24.34
City State Zip Code	Transaction ID: SE24.5297
Springfield IL 62704	Office Sought: House State:
Purpose of Expenditure  Category/ Type	Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary General
	Other (specify) :
Calendar Year-To-Date Per Election 1016.43	Care: (cpss.ij) 1
for Office Sought	_
Full Name (Last, First, Middle, Initial) of Payee	Date
III Dept III Dept of Revenue	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address	Amount
POB 19030	213.58
	Transaction ID: SE24.5299
City State Zip Code Springfield IL 62797-9030	Office Sought: House State:
Purnose of Expenditure	Senate District:
Category/ Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary General
	Other (specify) :
Calendar Year-To-Date Per Election 1230.01 for Office Sought	Cities (opeouty) .
(a) SUBTOTAL of Itemized Independent Expenditures	237.92
4) 01570711 (11% ) 11 1 1 1 1 5	168.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may or at the request or suggestion of, any candidate or authorized committee or agent of either, or (committee) any political party committee or its agent.	
Date 0.4	M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

TEMIZED INDEPENDENT EX	(PENDITURES	PAGE 15 / 24 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
New TrierDemocratic Org-Fed		C C00422519
Check if 24-hour notice 48	-hour notice	
Full Name (Last, First, Middle, Initial) of Pa	ayee	Date
Kinkos,Inc Kinko's	•	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address		Amount
2518 Green Bay Rd		148.54
City	State Zip Code	Transaction ID: SE24.5343
Evanston	IL 60201	Office Sought: House State:
Purpose of Expenditure	Category/ Type	Senate District: Presidential
Name of Federal Candidate supported or 0	Opposed by expenditure:	Check One: X Support Oppose
		Disbursement For: Primary General
		Other (specify) :
Calendar Year-To-Date Per Election	7347.10	(4,531,7)
for Office Sought		
Full Name (Last, First, Middle, Initial) of Pa	ayee	Date
Kinkos,Inc Kinko's		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address		Amount
2518 Green Bay Rd		14.65
Cit.	Chata Zin Carla	Transaction ID: SE24.5348
City Evanston	State Zip Code IL 60201	Office Sought: House State:
Purpose of Expenditure		Senate District:
	Category/ Type	Presidential
Name of Federal Candidate supported or 0	Dpposed by expenditure:	Check One: X Support Oppose
		Disbursement For: Primary General
		Other (specify) :
Calendar Year-To-Date Per Election	7533.70	Other (specify)
for Office Sought		
(a) SUBTOTAL of Itemized Independent Exp	penditures	163.19
		100.75
(b) SUBTOTAL of Unitemized Independent I	Expenditures	168.75
(c) TOTAL Independent Expenditures		
	dent expenditures reported herein were not made ir or authorized committee or agent of either, or (if the ent.	
	M · M	D D Y Y Y Y
	Date 0 4	08 2007
Signature		

ITEMIZED INDEPENDENT EXPE	NDITURES	PAGE 16 / 24 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
New TrierDemocratic Org-Fed		C C00422519
Check if 24-hour notice 48-hour i	notice	
Full Name (Last, First, Middle, Initial) of Payee		Date
Master Card Master Card		$ \begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 6 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
Mailing Address		Amount
Box 6000		51.95
City	State Zip Code	Transaction ID: SE24.5345
The Lakes	NY 89163	Office Sought: House State:
Purpose of Expenditure	Category/ Type	Senate District: Presidential
Name of Federal Candidate supported or Oppos	ed by expenditure:	Check One: X Support Oppose
		Disbursement For: Primary General
Calendar Year-To-Date Per Election	7000.05	Other (specify) :
for Office Sought	7399.05	
Full Name (Last, First, Middle, Initial) of Payee		Date
Mikva Mikva Challenge		$\begin{bmatrix} M & M & I & D & D & I & Y & Y & Y & Y \\ 0 & 1 & 2 & 9 & 2 & 0 & 0 & 7 \end{bmatrix}$
Mailing Address		
25 E. Washington;#703		Amount
<b>3</b> , 2		250.00
City	State Zip Code	Transaction ID: SE24.5313
Chicago	IL 60602	Office Sought: House State:
Purpose of Expenditure	Catagony	Senate District:
	Category/ Type	Presidential
Name of Factoral Constitution and a decision		Check One: X Support Oppose
Name of Federal Candidate supported or Oppos	ed by expenditure:	Д зарран Оррозс
		Disbursement For: Primary General
Colonday Voor To Doto Day Floation		Other (specify) :
Calendar Year-To-Date Per Election	3326.39	
for Office Sought		
(a) SUBTOTAL of Itemized Independent Expenditu	res	301.95
(b) SUBTOTAL of Unitemized Independent Expendent	ditures	168.75
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent ex or at the request or suggestion of, any candidate or authomittee) any political party committee or its agent.		
	Date 04	08 2007
Signature		

ITEMIZED INDEPENDENT EX	PENDITURES	PAGE 17 / 24 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
New TrierDemocratic Org-Fed		C C00422519
Check if 24-hour notice 48-	hour notice	
Full Name (Last, First, Middle, Initial) of Pay	yee	Date
Morning Morning Glory		$\begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 9 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
Mailing Address		Amount
1135 Central		70.20
City	State Zip Code	Transaction ID: SE24.5314
Wilmette	IL 60091	Office Sought: House State:
Purpose of Expenditure	Category/ Type	Senate District: Presidential
Name of Federal Candidate supported or C	opposed by expenditure:	Check One: X Support Oppose
realities of Foderial Carlandate Supported of C	ppoods by experience.	
		Disbursement For: Primary General
Calendar Year-To-Date Per Election	2206 E0	Other (specify) :
for Office Sought	3396.59	
Full Name (Last, First, Middle, Initial) of Page	yee	Date
Quill,Inc Quill,Inc		$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} / \begin{bmatrix} D & D \\ 1 & 4 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
Mailing Address		Amount
POB 94081		79.84
		Transaction ID: SE24.5340
City Palatine	State Zip Code IL 60094	Office Sought: House State:
Purpose of Expenditure	IL 00094	Senate District:
Talpace of Experiation	Category/ Type	Presidential
Name of Federal Candidate supported or C	apposed by expenditure:	Check One: X Support Oppose
		Disbursement For: Primary General
Calendar Year-To-Date Per Election	7060.71	Other (specify) :
for Office Sought	7000.71	
(a) SUBTOTAL of Itemized Independent Expe	enditures	150.04
(b) SUBTOTAL of Unitemized Independent E	xpenditures	168.75
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate o committee) any political party committee or its age	r authorized committee or agent of either, or (if the	
	M · M	D D Y Y Y Y
	Date 0 4	08 2007
Signature		

TEMIZED INDEPENDENT EXP	ENDITURES			PAGE 18/24
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
New TrierDemocratic Org-Fed			l l	C C00422519
Check if 24-hour notice 48-ho	ur notice			0
Full Name (Last, First, Middle, Initial) of Payer	)		Date	
R.H. Donnelly			M M /	<sup>D</sup> 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
200 E. Randolph St			Tunnanting	98.32
City	State Zip Co	ode		ID: SE24.5303
Chicago	IL 6060	1	Office Sought:	
Purpose of Expenditure	Category/ Type			Senate District: Presidential
Name of Federal Candidate supported or Opp	osed by expenditure:		Check One:	X Support Oppose
			Disbursement	For: Primary General
Calendar Year-To-Date Per Election			Other	(specify) :
for Office Sought	279	9.50		
E II New (Leat First Middle Jeffel) of Person			Data	
Full Name (Last, First, Middle, Initial) of Payer	<b>;</b>		Date M M /	D D / Y Y Y Y
R.H. Donnelly			0 3	05 / Y Y Y Y Y
Mailing Address			Amount	
200 E. Randolph St				49.00
City	State Zip Co	nde	Transaction	ID: SE24.5329
Chicago	IL 6060		Office Sought:	House State:
Purpose of Expenditure	Category/			Senate District: Presidential
	Type			1 Testacritia
Name of Federal Candidate supported or Opp	osed by expenditure:		Check One:	X Support Oppose
			Disbursement	For: Primary General
				(specify):
Calendar Year-To-Date Per Election for Office Sought	612	3.62		
(a) SUBTOTAL of Itemized Independent Expend	litures			147.32
(b) SUBTOTAL of Unitemized Independent Exp	enditures			168.75
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent or at the request or suggestion of, any candidate or a committee) any political party committee or its agent.	•			
	r.	ate 04		Y Y Y Y
Signature		ate 04	00 2	007

TEMIZED INDEPENDENT EXPENDITURES	PAGE 19/24
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
New TrierDemocratic Org-Fed	FEC IDENTIFICATION NUMBER ▼ C C00422519
Check if 24-hour notice 48-hour notice	C 000422010
Full Name (Last, First, Middle, Initial) of Payee	Date
R.H. Donnelly	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
200 E. Randolph St	49.00
City State Zip Code	Transaction ID: SE24.5338
Chicago IL 60601	Office Sought: House State:
Purpose of Expenditure  Category/ Type	Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary General
Colonday Very To Date Day Floation	Other (specify):
Calendar Year-To-Date Per Election 6581.87	
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
Renaissance Renaissance N.S. Hotel	01 / 05 / 2007
Mailing Address	Amount
933 Skokie Blvd	1000.00
City State Zip Code	Transaction ID: SE24.5302
City State Zip Code Northbrook IL 60062	Office Sought: House State:
Purpose of Expenditure	Senate District:
Category/ Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary General
	Other (specify) :
Calendar Year-To-Date Per Election 2701.18	Cirior (openity) .
for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	1049.00
	168.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
M * M	D ° D Y ° Y ° Y ° Y
Date 0 4	08 2007
Signature	

TEMIZED INDEPENDENT EX	PENDITUR	ES		PAGE 20 / 24 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				1
New TrierDemocratic Org-Fed				C C00422519
Check if 24-hour notice 48-	hour notice			000422313
Full Name (Last, First, Middle, Initial) of Pa			Date	
Teranet Teranet Consulting	, oo		M M /	28 / Y Y Y Y Y 2007
Mailing Address			Amount	
POB 6151				150.00
City	State	Zip Code		on ID: SE24.5356
Lindenhurst	IL	60046	Office Sough	nt: House State:
Purpose of Expenditure		Category/ Type		Senate District: Presidential
Name of Federal Candidate supported or C	pposed by expend	liture:	Check One:	X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		8511.48	Disbursemen Othe	nt For: Primary General Primary Primary General
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
US U.S. Treasury			0 1	03 / Y Y Y Y Y Y Y
Mailing Address POB 70503			Amount	493.34
City	State	Zip Code	Transactio	on ID: SE24.5295
Charlotte	NC	28201-0503	Office Sough	nt: House State:
Purpose of Expenditure		Category/ Type		Senate District: Presidential
Name of Federal Candidate supported or C	pposed by expend	liture:	Check One:	χ Support Oppose
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Disbursemen	nt For: Primary General
Calendar Year-To-Date Per Election for Office Sought		992.09	Otno	er (specify) :
(a) SUBTOTAL of Itemized Independent Expe	enditures			643.34
(b) SUBTOTAL of Unitemized Independent E	xpenditures			168.75
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate o committee) any political party committee or its age	r authorized commit			
		Date 0 4		Y Y Y Y Y Y Y 2 2 0 0 7
Signature		Date 04	00	2007

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 21 / 24 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
New TrierDemocratic Org-Fed	FEC IDENTIFICATION NUMBER  C C00422519
Check if 24-hour notice 48-hour notice	C SOUTE STORY
Full Name (Last, First, Middle, Initial) of Payee	Date
C/C Wilmette Cham/Comm	$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 4 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
Mailing Address	Amount
1150 Wilmette Ave	60.00
City State Zip Code	Transaction ID: SE24.5353
Wilmette IL 60091	Office Sought: House State:
Purpose of Expenditure  Category/ Type	Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary General
	Other (specify) :
Calendar Year-To-Date Per Election 8128.98 for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
WCM Winnetka Community House	$ \begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 4 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
Mailing Address	Amount
620 Lincoln	375.00
01	Transaction ID: SE24.5350
City State Zip Code Winnetka IL 60093	Office Sought: House State:
Purpose of Expenditure	Senate District:
Category/ Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	435.00
(b) SUBTOTAL of Unitemized Independent Expenditures	168.75
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
Data 0.4	D D Y Y Y Y Y O O O O O O O O O O O O O
Signature Date 0,4	08 2007

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 22 / 24 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
New TrierDemocratic Org-Fed	FEC IDENTIFICATION NUMBER  C C00422519
Check if 24-hour notice 48-hour notice	0 000422010
Full Name (Last, First, Middle, Initial) of Payee	Date
Winnetka Graphics	$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ O & 7 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
Mailing Address	Amount
1858 Techny	145.50
City State Zip Code	Transaction ID: SE24.5334
Northbrook IL 60062	Office Sought: House State:
Purpose of Expenditure  Category/ Type	Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary General
	Other (specify) :
Calendar Year-To-Date Per Election 6532.87	
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
Winnetka Graphics	$ \begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 4 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
Mailing Address	Amount
1858 Techny	102.00
0''	Transaction ID: SE24.5341
City State Zip Code Northbrook IL 60062	Office Sought: House State:
Purpose of Expenditure	Senate District:
Category/ Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary General
	Other (specify) :
Calendar Year-To-Date Per Election 7162.71	Cities (specify)
for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	247.50
	168.75
(b) SUBTOTAL of Unitemized Independent Expenditures	108.73
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
Date 0 4	08 2007
Signature	

ITEMIZED INDEPENDENT EXPEN	IDITURES	PAGE 23 / 24 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
New TrierDemocratic Org-Fed		C C00422519
Check if 24-hour notice 48-hour no	otice	
Full Name (Last, First, Middle, Initial) of Payee		Date
Winnetka Post Office		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
512 Chestnut		471.17
City	State Zip Code	Transaction ID: SE24.5301
Winnetka	IL 60093	Office Sought: House State:
Purpose of Expenditure	Category/ Type	Senate District: Presidential
Name of Federal Candidate supported or Oppose	d by expenditure:	Check One: X Support Oppose
		Disbursement For: Primary General
		Other (specify) :
Calendar Year-To-Date Per Election for Office Sought	1701.18	
Full Name (Last, First, Middle, Initial) of Payee		Date
Winnetka Post Office		
		0 3 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
512 Chestnut		399.00
City	State Zip Code	Transaction ID: SE24.5339
Winnetka	IL 60093	Office Sought: House State:
Purpose of Expenditure		Senate District:
	Category/ Type	Presidential
Name of Federal Candidate supported or Oppose	d by expenditure:	Check One: X Support Oppose
		Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	6980.87	Other (specify) :
(a) SUBTOTAL of Itemized Independent Expenditure	es	870.17
(b) SUBTOTAL of Unitemized Independent Expendi	tures	168.75
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent exp or at the request or suggestion of, any candidate or autho committee) any political party committee or its agent.		
	M	
	Date 04	08 2007
Signature		

NAME OF COMMITTEE (in Full) New TriarGemoratic Org Fed  Check if	TEMIZED INDEPENDENT EX	PENDITURES	PAGE 24 / 24
New TrierDemocratic Org-Fed  Check II			FOR LINE 24 OF FORM 3X
Check II 24-hour notice	,		
Full Name (Last, First, Middle, Initial) of Payee Winnetka Post Office  Mailing Address 512 Chestnut  City Winnetka IL 60093  Purpose of Expenditure  Category' Type  Name of Federal Candidate supported or Opposed by expenditure:  Calendar Year-To-Date Per Election for Office Sought  Full Name (Last, First, Middle, Initial) of Payee Winnetka Post Office  Mailing Address 512 Chestnut  City State Vinnetka Post Office  Mailing Address 512 Chestnut  City State IL 60093  Purpose of Expenditure  Category' Type  Date  Mailing Address 512 Chestnut  City State IL 60093  Purpose of Expenditure  Category' Type  Name of Federal Candidate supported or Opposed by expenditure:  City State Vinnetka IL 60093  Purpose of Expenditure  Category' Type  Name of Federal Candidate supported or Opposed by expenditure:  Category' Type  Name of Federal Candidate supported or Opposed by expenditure:  Category' Type  Name of Federal Candidate supported or Opposed by expenditures  Calendar Year-To-Date Per Election for Office Sought  Amount  Senate District: Presidential  Senate District: Presidential  Office Sought:  Amount  Sate: Senate District: Presidential  Check One: Support Oppose  Disbursement For: Primary General  Check One: Support Oppose  Disbursement For: Primary General  Check One: Support Other (specify):  168.75  Check One: Support Other (specify):  168.75  City Office Sought  Amount  Sate: Senate District: Presidential  Type  Check One: Support Office Sought  Check One: Support Office Sought  Amount  Sate: Senate District: Senate Office Sought  Check One: Support Office Sought Office Sought Office Sought  Check One: Support Office Sought Office Sought Office	Check if 24 hour notice 48-	hour notice	C 000422519
Mailing Address 512 Chestnut  City State Zip Code Winnetka   Li   60093   Office Sought   House State:   Purpose of Expenditure   Category   Type   Check One:   X Support   Oppose   Calendar Year-To-Date Per Election   7519.05   Office Sought   House State:   Category   Type   Check One:   X Support   Oppose   Disbursement For:   Primary   General   Calendar Year-To-Date Per Election   7519.05   Office Sought   Full Name (Last, First, Middle, Initial) of Payee   Winnetka Post Office   Was   2 6			Date
City State   Category   Transaction ID:SE24.5347   Office Sought:   House   State:   Presidential   Presidentia		you	
City State   Category   Transaction ID: SE24.5347    Purpose of Expenditure   Category   Transaction   Category   Categor	Mailing Address		Amount
Winnetka   IL   60093   Office Sought   House   District:   Presidential   Purpose of Expenditure   Category   Type   Check One:   X Support   Oppose   Other (specify) :     Other (specify) :     Other (specify) :   Other (spe	512 Chestnut		
Winnetka IL 60093 Purpose of Expenditure    Category/ Type	City	State Zip Code	
Name of Federal Candidate supported or Opposed by expenditure:    Calegory   Type	· · · · · · · · · · · · · · · · · · ·	The state of the s	Office Sought: House State:
Calendar Year-To-Date Per Election for Office Sought  Full Name (Last, First, Middle, Initial) of Payee Winnetka Post Office  Mailing Address 512 Chestnut  City Winnetka IL 60093  Purpose of Expenditure  Category/ Type  Name of Federal Candidate supported or Opposed by expenditures:  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Date  Date  Date  Date  Mo M O M O M O M O M O M O M O M O M O M	Purpose of Expenditure		1
Calendar Year-To-Date Per Election for Office Sought  Full Name (Last, First, Middle, Initial) of Payee Winnetka Post Office  Mailing Address 512 Chestnut  City Winnetka IL 60093  Purpose of Expenditure  Category/ Type  Name of Federal Candidate supported or Opposed by expenditures:  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Category Other (specify):  City City Category/ Type  Check One:  Category/ Type  Check One:  Category/ Cother (specify):  Check One:  Category/ Check One:  Check One:  Category/ Check One:  Check	Name of Federal Candidate supported or C	Opposed by expenditure:	Check One: X Support Oppose
Full Name (Last, First, Middle, Initial) of Payee Winnetka Post Office  Mailing Address 512 Chestnut  City State Vinnetka IL 60093  Name of Federal Candidate supported or Opposed by expenditure:  Category/ Type  Name of Federal Candidate supported or Opposed by expenditure:  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Off			
Full Name (Last, First, Middle, Initial) of Payee  Winnetka Post Office  Mailing Address 512 Chestnut  City State Zip Code Winnetka Purpose of Expenditure  Category/ Type  Name of Federal Candidate supported or Opposed by expenditure:  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  City State Zip Code Office Sought  Check One: X Support Oppose  Disbursement For: Primary General Other (specify):  168.75  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		7519.05	
Winnetka Post Office  Mailing Address 512 Chestnut  City State Furpose of Expenditure  Category/ Type  Name of Federal Candidate supported or Opposed by expenditure:  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  City State Senate District: Presidential  Check One: Support Oppose  Disbursement For: Primary General Other (specify):  (b) SUBTOTAL of Unitemized Independent Expenditures  Crouded Independent Expenditures  Disbursement For: Primary General  Cother (specify):  168.75  (c) TOTAL Independent Expenditures  Date  Date  M 0, 3  D 2, 6  Y 2, 0, 0, 7  Amount  82.50  Transaction ID: SE24.5352  Office Sought: House State: Senate District: Presidential  Oppose  Disbursement For: Primary General  Cother (specify):  168.75  8511.48	for Office Sought		
Mailing Address 512 Chestnut    State	Full Name (Last, First, Middle, Initial) of Pa	yee	Date
City State Zip Code Winnetka IL 60093  Purpose of Expenditure  Category/ Type  Name of Federal Candidate supported or Opposed by expenditure:  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Unitemized Independent Expenditures  City State Zip Code 60093  Office Sought: House State: Senate District: Presidential Presidential District: Presidential Oppose  Disbursement For: Primary General Other (specify): 168.75  (b) SUBTOTAL of Unitemized Independent Expenditures 168.75  (c) TOTAL Independent Expenditures 168.75  Date M. M. M. D. B. D. Y.	Winnetka Post Office		$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 6 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
City State Zip Code 60093  Purpose of Expenditure  Category/ Type  Name of Federal Candidate supported or Opposed by expenditure:  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Date 0 4 0 4 0 8 2 2 0 0 7			Amount
Winnetka   L   60093   Office Sought:   House   State:   District:   Presidential	512 Chestnut		
Purpose of Expenditure    Category/ Type	· · · · · · · · · · · · · · · · · · ·	The state of the s	
Purpose of Expenditure    Category/ Type		IL 60093	
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	Purpose of Expenditure		
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate supported or C	)pposed by expenditure:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	Tambon Canada Canada Capponto Con C	ppoods 2) orportation.	
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures		8211.48	Other (specify) :
(c) TOTAL Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expe	enditures	202.50
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date	(b) SUBTOTAL of Unitemized Independent E	xpenditures	168.75
or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date  D	(c) TOTAL Independent Expenditures		8511.48
Date 0 4 0 8 2 0 0 7	or at the request or suggestion of, any candidate o	r authorized committee or agent of either, or (if the	· · · · · · · · · · · · · · · · · · ·
Signature			
	Signature		